

**SECTION 6 - EDUCATION/TRAINING INFORMATION**

Complete SECTION 6 if you are age 18 years old or older.

**6.A. Check the highest grade of school completed.**

School:

College:

None	K	1	2	3	4	5	6	7	8	9	10	11	12	GED	1	2	3	4 or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Approximate date completed: \_\_\_\_\_

**6.B. Since the date of your last medical disability decision (see date on top right side of Page 1), have you completed or will you complete any type of special job training, trade or vocational school?**☐ YES (Complete the following information.)☐ NO

NAME OF SCHOOL

ADDRESS

PHONE

CITY

STATE

ZIP

( )  
(area code)-  
(phone number)

TYPE OF PROGRAM

APPROXIMATE DATE COMPLETED (or will complete)

If you need more space, use SECTION 10 - REMARKS.